

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038228

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2933

STATE FILE NUMBER

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clayton

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St Louis

c. CITY
OR TOWN

AFTON

Inside Limits
Yes ☒ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Corbin Hosp.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

9540 Port

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
CLEMENT T BOWDERN

4. DATE OF DEATH

Month Day Year
9 20 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/3/96

9. AGE (last birthday)

66

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

BOWDERN

13b. MOTHER'S MAIDEN NAME

CLARA ASHER

14. NAME OF HUSBAND OR WIFE

LYDIA J BOWDERN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)

yes WW II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

LYDIA J. BOWDERN AFTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lung, metastatic

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Duodenal Ulcer

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-28-1963 to 9-20-1963 and last saw him alive on 9-20-1963

Death occurred at 10:17 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

John M. Garner M.D.

22b. ADDRESS

601 So. Brentwood Blvd

22c. DATE SIGNED

9/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

9/23/63

23c. NAME OF CEMETERY OR CREMATORY

Seward Park

23d. LOCATION (City, town, or county)

Afton

23e. STATE

Mo.

24. FUNERAL DIRECTOR

John Ziegenhagen

ADDRESS

25. DATE RECD. BY LOCAL REG.

9/21/63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 4002

2 4000

3

4 0

5 1

6

7 0

8 2

9 163X

10

11

12 45-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 4863
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Bivz

Licensed Embalmer No. 4863

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.